

08/20/01  
1003 U.S. PTO

NONPROVISIONAL PATENT  
APPLICATION TRANSMITTAL RULE §1.53(b)  
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Docket No. 108339-00026  
Date: August 20, 2001

jc872 U.S. PTO  
09/931754  
08/20/01

Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is a nonprovisional patent application:

For (Title): METHOD AND APPARATUS FOR FILTERING PACKETS BASED ON  
FLOWS USING ADDRESS TABLES

By (Inventors): Mohan KALKUNTE, Shekhar AMBE and Shiri KADAMBI

- ☒ 25 pages of Specification/Claims 1-15/Abstract are attached.  
☒ Formal drawings (Fig(s). 1-5; 4 sheet(s)) is/are attached.  
☐ A Declaration and Power of Attorney is attached.  
☐ An assignment of the invention to \_\_\_\_\_ is attached, along with Form PTO-1595 and a check for \$40.00.  
☐ An Information Disclosure Statement is attached, along with Form PTO-1449, and \_\_\_\_\_ reference(s).  
☐ This application is entitled to Small Entity Status.  
☐ A Preliminary Amendment is attached.  
☐ Please amend the specification by inserting before the first line the sentence --This nonprovisional application claims the benefit of U.S. Provisional Application No. \_\_\_\_\_, filed \_\_\_\_\_.  
☐ Priority of foreign application No. \_\_\_\_\_ filed \_\_\_\_\_ in \_\_\_\_\_ is claimed under 35 U.S.C. §119.  
☐ A certified copy of the above corresponding foreign application is attached.

The filing fee is calculated below and includes claim status after entry of any Preliminary Amendment noted above:

|  |           |           | SMALL ENTITY |        |    | LARGE ENTITY |        |
|--|-----------|-----------|--------------|--------|----|--------------|--------|
| FOR:   | NO. FILED | NO. EXTRA | RATE         | FEE    | OR | RATE         | FEE    |
| BASIC FEE  |           |           |              | \$ 355 | OR |              | \$ 710 |
| TOTAL CLAIMS                                       | 15 - 20   | = 0       | x 9 =        | \$     | OR | x 18         | \$     |
| INDEP CLAIMS                                       | 3 - 3     | = 0       | x 40 =       | \$     | OR | x 80         | \$     |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS |           |           | +135 =       | \$     | OR | +270         | \$     |
|  |           |           | TOTAL        | \$     | OR | TOTAL        | \$ 710 |

- ☒ A check for the filing fee is not enclosed at this time.

Respectfully submitted,

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DHG/KFT/noe